

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

**CALIFORNIA
FORM 470**

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

☐ **Amendment** (Explain Below)

Date Stamp

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CITY CLERK
CITY OF LODI

1. Statement Covers Calendar Year 2008.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

LARRY D. HANSEN
STREET ADDRESS 221 WEST PINE ST.

Lodi CA 95242
CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

(209) 747-6533

Lhansen9116@sbcglobal.net

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL MEMBER
JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

CITY OF LODI

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

NONE

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8-6-08

DATE

By

Larry D. Hansen
SIGNATURE OF OFFICEHOLDER OR CANDIDATE